

Please type or print in ink

A Public Document 2010 MAR -9 PM 2:30

NAME (LAST) MARREI	(FIRST) PAOLO	(MIDDLE) ADOLFO	DAYTIME TELEPHONE NUMBER [REDACTED]
MAILING ADDRESS STREET (Business Address Acceptable) [REDACTED]		CITY [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]		OPTIONAL: E-MAIL ADDRESS [REDACTED]	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

COUNTY SUPERVISOR

Division, Board, District, if applicable:

THOMAS COUNTY

Your Position:

SUPERVISOR, DIST. 2

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: SEE ATTACHMENT

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State Sierra Nevada Conservancy

☒ County of THOMAS

☒ City of JPA & TUCILAFIO

☒ Multi-County CSRLD; ARCA; MCT/WIB;

☒ Other SOL (C) 3, ARCA, CSRLD

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____ through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____ through the date of leaving office.

☒ Candidate Election Year 2010

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/5/10
(month, day, year)

Signature [REDACTED]
(File the originally signed statement with your filing official.)

700 Form - List of Organizations

Sierra Nevada conservancy, Board Member

Central Sierra Resource Conservation and Development Council (RC&D), Vice-Chair

Amador-Tuolumne Community Action Agency (ATCAA), Board Member

Mother Lode Job Training/ Workforce Investment Board, Board Member

Central Sierra Planning Council, Alternate Board Member

TC Economic Development Authority, Alternate

LAFCO, Board appointee

Tuolumne County Transportation Commission, Vice-Chair

Blueprint Sub-Committee, Chair

Tuolumne County Transportation Committee, Chair

TC Behavioral Health Advisory Board, Board Member

TC Hardwood Advisory Committee, Chair

TC Cable 8 Community Access Chanel, Board Member

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Mattei, Paolo

1. BUSINESS ENTITY OR TRUST

Name
JANET & PAOLO MATTEI LIVING TRUST

Address (Business Address Acceptable)

Check one
☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 _____/_____/09 _____/_____/09

☐ \$10,001 - \$100,000 _____/_____/09 _____/_____/09

☐ \$100,001 - \$1,000,000 _____/_____/09 _____/_____/09

☒ Over \$1,000,000 _____/_____/09 _____/_____/09

ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☒ Trust ☐ Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000

☐ \$500 - \$1,000 ☐ OVER \$100,000

☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE

TRUST; RENTAL INCOME; TC SALARY;

SOCIAL SECURITY

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

22740 AND 22750 QUAIL HILLS RD

Name of Business Entity or _____

Street Address or Assessor's Parcel Number of Real Property

AP# 084-090-15-00 AND 084-090-16-00

Description of Business Activity or _____

City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 _____/_____/09 _____/_____/09

☐ \$10,001 - \$100,000 _____/_____/09 _____/_____/09

☒ \$100,001 - \$1,000,000 _____/_____/09 _____/_____/09

☐ Over \$1,000,000 _____/_____/09 _____/_____/09

ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____

Yrs. remaining _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

1. BUSINESS ENTITY OR TRUST

PRINCIPAL RESIDENCE

Name
16621 OAKHAVEN LN SONOMA, CA. 95370

Address (Business Address Acceptable)

Check one
☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 _____/_____/09 _____/_____/09

☐ \$10,001 - \$100,000 _____/_____/09 _____/_____/09

☒ \$100,001 - \$1,000,000 _____/_____/09 _____/_____/09

☐ Over \$1,000,000 _____/_____/09 _____/_____/09

ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ _____ ☐ Other _____

YOUR BUSINESS POSITION RESIDENCE IN TRUST

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000

☐ \$500 - \$1,000 ☐ OVER \$100,000

☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE

SAME

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

522 SE RICE AV

Name of Business Entity or _____

Street Address or Assessor's Parcel Number of Real Property

ROSEBURG, OR

Description of Business Activity or _____

City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 _____/_____/09 _____/_____/09

☐ \$10,001 - \$100,000 _____/_____/09 _____/_____/09

☒ \$100,001 - \$1,000,000 _____/_____/09 _____/_____/09

☐ Over \$1,000,000 _____/_____/09 _____/_____/09

ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____

Yrs. remaining _____

☐ Check box if additional schedules reporting investments or real property are attached